

In-Year Transfer Appeal Form

Complete in full and return to:- Admissions Department, The Telford Langley School, Duce Drive, Dawley, Telford, Shropshire, TF3 4JS

CHILD'S DETAILS						
				T		
Legal Forename(s)	Da	Oate of Birth		//		
Middle Name(s)	Ge	Gender		Male/Female		
Legal Surname(s)	Cu	Current School Year Group				
PARENT'S DETAILS						
Name of State Mr, Mrs, Miss, Ms etc	No.	mo of Darent/Carer	State	Mr, Mrs, Miss, Ms etc		
Parent/Carer (1)		Name of Farency Garer		, MI 5, MISS, MS CCC		
Furent/Curer (1)	(2)					
Child's current address (The address of the normal If yo		f you have recently moved house or are going				
residence of the parent who has care of the child).		to be shortly, please provide this address.				
		Postcode				
Postcode	Da	Date of House Move:				
Telephone Number(s) on which you can be contacted:						
Home Telephone No:	le Telephone No:					
Work Telephone No:	nil Address:					
FIDTUP INCOMATION						
FURTHER INFORMATION						
Which school is your child currently attending?						
Has your child attended any other secondary schools?		□Yes □ No (mo	ırk as aj	ppropriate)		
(please provide dates)		If yes, please provide school name and dates of attendance				
Does your child have a Statement of Special Education		☐ Yes ☐ No (mark as appropriate)				
Need or an Education Health and Care Plan?		If yes, please provide details on the next page)				
Does your child have any SEN Requirements? (Special Education Need)		☐ Yes ☐ No (mark as appropriate) If yes, please provide details on the next page)				
Is your child looked after by the Local Authority?		☐ Yes ☐ No (mark as appropriate)				
(Sometimes referred to as 'in care')	If yes, please provide details on the next page)					

ADMISSIONS		
Have you contacted Telford & Wrekin Admissions?	□Yes □ No (mark as appropriate)	
Has your child been offered another school by Telford & Wrekin Admissions?	☐ Yes ☐ No (mark as appropriate) If yes, please state which school	
Have you appealed for a school place elsewhere?	☐ Yes ☐ No (mark as appropriate) If yes, please state which school	
Do you have any appeals for other schools pending?	☐ Yes ☐ No (mark as appropriate) If yes, please state which school Date of appeal hearing	
In the space provided below, please state clearly the reason (continue on a separate sheet of paper if required). If you depossible to schedule an appeal hearing.		
1000	Yes 🗆 No (mark as appropriate)	
At a later date you will be sent a notice of the date and time of the Academy's response. At that stage you will be asked whether you representative.		
Appeal hearings take approximately 3 weeks to arrange as the Acc notice of the date of an appeal hearing. If parents are prepared to possible to arrange an earlier appeal.		
Do you wish to shorten the normal 14 days notice period?	\square Yes \square No (mark as appropriate)	
DECLARATION		
Details given on this form may affect the outcome of your appeal. important, and all information may be checked with the Local Aut another education authority, school, college or other place of educ previous educational placement. We may withdraw any school placement to be fraudulent or intentionally misleading.	hority. Information may also be requested from ation for the purposes of verifying your child's	
I have parental responsibility for the child detailed in this Appeals provided is accurate to the best of my knowledge.	Form. I certify that the information I have	
Signature of Parent\Carer	Date	